PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10/17-101

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			36		:			RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			3 6 minus 20=		• 16			X\$ 9=	144.00	OR	X\$18=	
INDEPENDENT CLAIMS			12 minus 3 =		± 	9		X42=	378.av	OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=	v	OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2		TOTAL	8920	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							<u> </u>	SMALL I		OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	<u> </u>	=		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MI	Minus	ENDENT	CLAIM		[X42=		OR	X84=	
L_		NAME OF THE	JEHR LE DEF	LINDEIN	CDANI] [+140=.		OR	+280=	
6/16/04							-	TOTAL ODIT, FEE		OR	TOTAL ADDIT. FEE	
_		(Column 1))	(Colur		(Column 3)	L .			_		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 42	Minus	#3	6	= 6		X\$ 9=		OR	X\$18=	54
	Independent	NTATION OF MI	Minus	###	CLAIM	- /	┨╏	X42=		OR	X84=	86
				LNDLINI	ODAIM		J [+140=		OR	+280=	0
H264/65 (Column 1) (Column 2) (Column 3)								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	Pil
7	010110	(Column 1)		(Colur		(Column 3)	_					<i>y</i>
AMENDMENT C	: : : :	CLAIMS REMAINING. AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
QN	Total	•	Minus	**	1	=/		X\$ 9=		OR	X\$18=	
AME	Independent	NITATION OFFI	Minus	/xxk		=	11	X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							┚┞	140			.000	
• [* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+140= TOTAL		OR	+280= TOTAL	
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
	PTD 975 /Par 84								adı Offica II 6			

FORM PTO-875 (Rev. 8/01)

**Complete He for Sheet NOT the TSSX

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